

LESSON PLAN
Department of Human Services
DETERMINATION OF CARE

FOSTER CARE
CFSR-PIP Stand Alone DOC Module
DHS

Suggestions to Instructor	Reference	Content
<p>Equipment recommended: Dry Erase Board or Flip Chart; markers.</p> <p>Instructor Note: Before the training begins, print out copies of the DOC policy (CFF 903-3 pages 1-7), Foster Care Rates Policy (CFF 905-3 pages 1&2) and a blank template of the DHS-470, DHS-470A and DHS-1945 for each participant. Also have enough copies of the attached sample letter and sample exercises for each participant.</p>	<p>DHS</p> <p>CFF 903-3 Pages 1-7</p> <p>DHS-470 DHS-470A DHS-1945</p> <p>CFF 905-3 Pages 1-2</p> <p>Sample letter</p>	<p>DETERMINATION OF CARE (DOC)</p>

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<p>Objectives:</p> <p>The trainees will be able to:</p> <ol style="list-style-type: none">1. Learn how to request authorization for the daily rate of care and any increased level of care for eligible caregivers.2. Recognize when to complete a DOC.3. Select the appropriate DOC form to utilize.4. Complete a DOC with sufficient documentation of the need for the increased level of care.		

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<p>Measures:</p> <p>Through the use of practice scenarios, trainees will be able to:</p> <ol style="list-style-type: none">1. Verbally report how to request authorization for daily rates and increased levels of care.2. Verbally identify when a DOC must be completed.3. Verbally report which DOC form to use.4. Complete the DHS-470, DHS-470A and DHS-1945 and justify verbally their reasons for the rate of care to be paid. <p>Instructor Note: Begin session when all participants are present and ready.</p>		<p>Thank you all for attending today's overview of policy regarding</p>

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		<p>Determination of Care. I know you are all very busy and I appreciate you taking the time to be here today. This session should be helpful in clarifying any questions or inconsistencies there may be when determining how and when to complete the appropriate DOC forms.</p> <p>To begin, I would like to review foster care rates and how the rate is established.</p>
<p style="text-align: center;">?</p> <p>After you ask the question, write the responses on a flip chart or dry-erase board.</p>	<p style="text-align: center;">?</p> <p>CFF 903-3 Page 1</p>	<p>Can anyone tell me what the two types of foster care rates are?</p> <ol style="list-style-type: none"> 1. Age Appropriate Rates 2. Determination of Care Supplements
<p>Instructor Note: Have Policy Manual CFF 905-3 available to hand out to staff.</p>	<p>CFF 903-5</p>	<p>Now that we have identified the types of rates that we pay, let's discuss the differences between the two rates. I am now handing out a copy of Policy Manual CFF 905-3. As you can</p>

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		<p>see, this breaks down how each foster care rate is established.</p> <p>The age appropriate rate refers to the scheduled uniform rate, which is to be paid for a child who presents no outstanding problems in relation to age, other than those normally expected of children placed in foster care. Age appropriate rates are determined by the child's age with allocated amounts for room and board, personal incidentals and allowance, and clothing. The amount paid to the foster family or qualified provider is indicated on the chart.</p> <p>The daily rate for a child will automatically begin with the age appropriate rate. A Determination of Care supplement is authorized if a child requires an extraordinary amount of time, work skills or expense <u>on the part of the caregiver</u>. If this is so, then the appropriate DOC template will guide the worker in determining the level of supplement provided to the caregiver.</p>

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<p style="text-align: center;">?</p> <p>After you ask the question, write the responses on a flip chart or dry-erase board.</p>	<p style="text-align: center;">?</p> <p>CFF 903-3 page 1 CFF 903-8 page 3</p>	<p>We will go over the different DOC forms in a moment. But first let's talk about who qualifies for foster care payments.</p> <p>So, can someone tell me who qualifies for an Age Appropriate Rate?</p> <ul style="list-style-type: none"> • A licensed foster home with a foster home agency number on file in Central office. • An <u>unlicensed relative</u> caring for a State Ward. • A child placed in an Independent Living Situation. <p>Note: <u>Fictive Kin</u> must be licensed as foster parents to receive foster care payments. An example of this situation would be when you have two half-siblings that are permanent State Wards who are placed in a home where one of the children is</p>

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		related to the caretaker, but the other child is not. This placement may have occurred as it was determined to be in the best interest of the children to remain together and one child had an appropriate relative that was willing to care for both children. Although these situations should be rare, payment cannot be made to the caregiver for the child with whom there is no legal relationship unless the caregiver is licensed as a foster parent.
<p style="text-align: center;">?</p> <p>After you ask the question, write “DOC” on a flip chart or dry-erase board next to the previous responses, as they apply. E.g., Licensed foster home – DOC</p>	<p style="text-align: center;">?</p> <p>Now, from the list of people who qualify for an Age Appropriate Rate, can anyone tell me who could qualify for a Determination of Care Supplement?</p> <ul style="list-style-type: none"> • A licensed foster home with a foster home agency number on file in Central office. • An <u>unlicensed</u> <u>relative</u> caring for a State Ward. 	

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Instructor Note: Have the DHS-470, DHS-470A and the DHS-1945 available to pass out to staff.	CFF 903-3 page 3	<p>This means that wards in Independent Living cannot be assessed for a Determination of Care, nor can an unlicensed fictive kin.</p> <p>Now that we have reviewed the types of payment rates and who qualifies for payment, let's focus our attention on the Determination of Care forms. I am handing out the three different DOC forms: the DHS-470, the DHS-470A and the DHS-1945. You will notice that the form number is located at</p> <p>the bottom left hand corner of the page. At the top of each form there is a brief description of the form. Let's take a quick look at each of these, beginning with the DHS-470. This form is used for:</p> <ul style="list-style-type: none">• children ages 1 day through twelve years with behavioral difficulties.

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		<p>Now, if you will look at the DHS-470A. This form is used for:</p> <ul style="list-style-type: none">• children age thirteen and over with behavioral difficulties. <p>And finally, please look at the DHS-1945. This form is used for:</p> <ul style="list-style-type: none">• children of all ages who are medically fragile or who have a documented medical condition. <p>Now that we have briefly reviewed these forms, let's review each of them in depth. Please look at your DHS-470 again. You will notice that at the top right side of the page is a box that asks for identifying information. All of these sections should be completed. Even if you place an N/A for not applicable in a box, make sure you have something in each box. This ensures that you didn't just skip it, but identifies that the box is not applicable at this time. After that you will see some brief instructions on</p>

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Instructor Note: You may choose to have participants volunteer to read the following sections.		<p>how to complete this form. Right now we are going to discuss this process in more detail.</p> <p>Please turn to page two. You will see that the page is divided into three sections that are numbered 1 through 3. Item 1 reads:</p> <p>Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors. Children 0-2 years of age generally do not require special involvement in behavioral management.</p> <p>Under that are four possible responses to this situation with score boxes to the far right. The first response is:</p>

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		<p>No special involvement provided by the Foster parent. Child actions are age appropriate.</p> <p>The second possible response is: The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least weekly. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p> <p>The third possible response is: The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a daily basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior</p>

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		<p>charting, monitoring, redirecting, supervising and/or managing behaviors.</p> <p>The last possible response is:</p> <p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a constant basis. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p> <p>Once you have selected the response that most accurately explains the child's situation AND the foster parent's involvement that is above and beyond what would normally be expected to manage age appropriate behaviors, then mark the box at the far right and bring that individual score to the large SCORE box. To the left of the score box, directly under the last</p>

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		<p>possible response, write a brief explanation of how you made your determination and what actions the foster parent is taking to justify the score that was given.</p> <p>Next, in the middle of the page you will see item 2, which reads: Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master level or above mental health professional. This does not include case management contacts and/or visits. Children age 0-2 generally do not require special involvement in mental health participation.</p> <p>The first possible response is: Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy.</p>

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		<p>The second possible response is:</p> <p>Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (monthly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> <p>The third possible response is:</p> <p>Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a formal discussion (at least twice per month) with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not</p>

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		<p>include brief and/or casual conversation with the therapist.</p> <p>The fourth possible response is:</p> <p>Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a formal discussion (at least weekly) with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> <p>As with the first section, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p>

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		<p>Item number 3 reads:</p> <p>Education Participation: This category is for school-aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. If the foster parent chooses to home school a child, this does not qualify unless home schooling is documented as a child need and is part of the treatment plan.</p>

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		<p>The first possible response is:</p> <p>Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.</p> <p>The second possible response is:</p> <p>Foster parent participation requires collaboration with the school personnel and at least 1/2 hour of daily intervention beyond age appropriate expectation.</p> <p>The third possible response is:</p> <p>Foster parent participation requiring collaboration with the school personnel and more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.</p>

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		<p>And the last possible response is:</p> <p>Foster parent participation requiring collaboration with the school personnel and more than 2 hours of daily intervention at home, beyond age appropriate expectations.</p> <p>Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Now please turn to the third page. You will again notice that this page has three different sections on it. These items are numbered 4 through 6. Item number four reads:</p> <p>Transportation: Routine transportation is not to be</p>

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		<p>included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. These activities do not qualify, unless identified as a need in the treatment plan.</p> <p>Transportation for exceptional medical needs is covered under medical transportation. See PAM 825.</p> <p>For those of you who do not know, PAM 825 is the Program Administration Manual 825. You can locate the actual policy information using the on-line manuals.</p> <p>The first possible response for this item is:</p> <p>No special transportation provided beyond routine child needs.</p>

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		<p>The second possible response is:</p> <p>Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> <p>The third possible response is:</p> <p>Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> <p>The fourth possible response is:</p> <p>Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> <p>Again, you will need to check the appropriate box and explain</p>

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		<p>the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Now please look at item 5. This item reads:</p> <p>Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or a mental condition that limits his/her ability to perform age appropriate personal care tasks.</p> <p>The first response to this item is:</p> <p>Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.</p> <p>The second possible response is:</p> <p>Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age</p>

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		<p>appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.</p> <p>The third possible response is:</p> <p>Foster parent provides in home assistance 11 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.</p>

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		<p>The last possible response is:</p> <p>Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.</p> <p>Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Now please look at Item 6. This item reads:</p> <p>Medical Items/Diet/Excessive Damage: Diapers for children age 6 and under and lice treatment products, not</p>

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		<p>prescribed by a physician, do not qualify. Receipts are required for medical items. Items damaged by a foster child must be documented and verified by a caseworker. Receipts are required and the expense must be prorated over a 6-month period to qualify.</p> <p>The first possible response to this item is: Not required. The child requires no special medical items or special diet.</p> <p>The second possible response is: Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage of at least \$20 per week.</p>

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		<p>The third possible response is:</p> <p>Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage between \$21 and \$35 per week.</p> <p>The last possible response is:</p> <p>Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage over \$35 per week.</p> <p>Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p>

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		<p>Now, you need to add all of the individual scores from items 1 through 6 to determine your TOTAL SCORE, as seen at the bottom of page 3. Once you have the total score, turn to page 4 and you will see that Item 8 is where you determine the TOTAL PER DIEM RATE. Because the process of determining the rate is the same, we will discuss this after we have reviewed all of the forms.</p> <p>So, now please take out the DHS-470A. You will again notice that at the top right side of the page is a box that asks for identifying information. All of these sections should be completed. Even if you place an N/A for not applicable in a box, make sure you have something in each box. This ensures that you didn't just skip it, but that the box is not applicable at this time.</p>

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		<p>Please turn to page two. You will see that the page is divided into three sections that are numbered 1 through 3. Item 1 reads:</p> <p>Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors.</p> <p>Under that are four possible responses to this situation with score boxes to the far right. The first response is:</p> <p>No special involvement provided by the Foster parent. Child actions are age appropriate.</p>

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		<p>The second possible response is:</p> <p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least weekly. At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p> <p>The third possible response is:</p> <p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a daily basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p>

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		<p>The last possible response is:</p> <p>The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a constant basis. Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.</p> <p>Once you have selected the response that most accurately explains the child's situation AND the foster parent's involvement that is above and beyond what would normally be expected to manage age appropriate behaviors, then mark the box at the far right and bring that individual score to the large SCORE box. To the left of the score box, directly under the last possible response, write a brief explanation of how you made your determination and what actions the foster parent is taking</p>

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		<p>to justify the score that was given.</p> <p>Next, in the middle of the page you will see item 2, which reads: Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master level or above mental health professional. This does not include case management contacts and/or visits.</p> <p>The first possible response is: Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy.</p> <p>The second possible response is: Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a formal discussion</p>

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		<p>(monthly) with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> <p>The third possible response is: Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a formal discussion (at least twice per month) with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> <p>The fourth possible response is: Foster parent participates at least weekly with the therapy</p>

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		<p>sessions or with the therapeutic process for the child. The foster parent is involved in a formal discussion (at least weekly) with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.</p> <p>As with the first section, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Item number 3 reads:</p> <p>Education Participation: This category is for school-aged children and/or those children who are part of a child development program due to a certified disability or</p>

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		<p>diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. If the foster parent chooses to home school a child, this does not qualify unless home schooling is documented as a child need and is part of the treatment plan.</p> <p>The first possible response is: Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.</p>

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		<p>The second possible response is:</p> <p>Foster parent participation requires collaboration with the school personnel and at least 1/2 hour of daily intervention beyond age appropriate expectation.</p> <p>The third possible response is:</p> <p>Foster parent participation requiring collaboration with the school personnel and more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.</p> <p>And the last possible response is:</p> <p>Foster parent participation requiring collaboration with the school personnel and more than 2 hours of daily intervention at home, beyond age appropriate expectations.</p> <p>Again, you will need to check the appropriate box and explain</p>

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		<p>the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Now please turn to the third page. You will again notice that this page has three different sections on it. These items are numbered 4 through 6. Item number four reads:</p> <p>Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. These activities do not qualify, unless identified as a need in the treatment plan.</p> <p>Transportation for exceptional medical needs is covered under medical transportation. See PAM 825.</p>

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		<p>The first possible response for this item is:</p> <p>No special transportation provided beyond routine child needs.</p> <p>The second possible response is:</p> <p>Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> <p>The third possible response is:</p> <p>Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.</p> <p>The fourth possible response is:</p> <p>Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or</p>

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		social counseling, as outlined in the treatment plan.
		Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.
		Now please look at item 5. This item reads: Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or a mental condition that limits his/her ability to perform age appropriate personal care tasks.
		The first response to this item is: Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.

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		<p>The second possible response is:</p> <p>Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.</p> <p>The third possible response is:</p> <p>Foster parent provides in home assistance 10 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-</p>

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		<p>20 hours of foster parent assistance per week.</p> <p>The last possible response is:</p> <p>Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a medically documented physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.</p> <p>Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p> <p>Now please look at Item 6. This item reads:</p>

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Suggestions to Instructor	Reference	Content
		<p>Medical Items/Diet/Excessive Damage: Lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Items damaged by a foster child must be documented and verified by a caseworker. Receipts are required and the expense must be prorated over a 6-month period to qualify.</p> <p>The first possible response to this item is: Not required. The child requires no special medical items or special diet.</p> <p>The second possible response is: Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage of at least \$20 per week.</p>

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		<p>The third possible response is:</p> <p>Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage between \$21 and \$35 per week.</p> <p>The last possible response is:</p> <p>Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage over \$35 per week.</p> <p>Again, you will need to check the appropriate box and explain the foster parent's activities that justify the score. Place the individual score given in the large SCORE box.</p>

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		<p>Again, you need to add all of the individual scores from items 1 through 6 to determine your TOTAL SCORE, as seen at the bottom of page 3. Once you have the total score, turn to page 4 and you will see that Item 8 is where you determine the TOTAL PER DIEM RATE. And again, because the process of determining the rate is the same, we will discuss this after we have reviewed all of the forms.</p> <p>So now, if you would please take out the DHS-1945. You will notice that at the top right side of the page is a box that asks for identifying information. All of these sections should be completed. Even if you place an N/A for not applicable in a box, make sure you have something in each box. This ensures that you didn't just skip it, but that the box is not applicable at this</p>

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		<p>time.</p> <p>Unlike the two previous forms we just looked at, this form is quite different. This form is separated by different sections. Furthermore, this form is appropriate to use for any age child who has a medically fragile condition that requires extensive care by the caregiver. You will see that Section I states that if at least 2 of the following characteristics or care needs are checked in section 1A and/or 1B the youth qualifies for a Level I DOC. If 3 or more Items in Section 1A and/or 1B are checked go to Section II.</p> <p>Section 1A. is titled PHYSICAL or MEDICAL IMPAIRMENTS.</p> <p>Under this section are eleven possible situations, which are:</p> <ol style="list-style-type: none">1. Any physical or medical impairment or combination of

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		<p>impairments requiring an average of at least ½ to 1 hour of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive)</p> <p>2. Colostomy care</p> <p>3. Ileostomy care</p> <p>4. Daily injections (insulin, asthmatic, allergies)</p> <p>5. Feeding problems requiring an additional 30 minutes of preparation or feeding time (difficulty swallowing, cleft pallet, nasal difficulties, tongue thrust)</p> <p>6. Special diet (diabetic, asthmatic, allergy, mild Cystic Fibrosis, and/or need for special formulas, additives)</p> <p>7. Hearing problems requiring encouragement and</p>

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		<p>monitoring (i.e. hearing-aid use)</p> <p>8. Vision problems requiring encouragement and visual exercises, patching</p> <p>9. Sporadically active infectious diseases requiring sterile procedures when active, such as Herpes-type viruses</p> <p>10 Out-of-home bi-weekly to weekly therapy or medical appointments (i.e. PT, OT, ST, etc.), or medical training involving the foster parent</p> <p>11. In-home therapy (i.e. PT, OT, ST), every two weeks nursing, or teacher appointments requiring foster parent involvement</p> <p>Section 1B. is titled BEHAVIORAL or EMOTIONAL PROBLEMS. You will see that under this section are five possible responses which are:</p>

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		<ol style="list-style-type: none"> 1. Weekly counseling or therapy appointments requiring monthly foster parent participation and/or every two weeks schedule of foster parent programming (i.e. behavior charts, etc.) for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night trauma 2. Special Education (EI, LD, TMI, EMI) requiring monthly school contact and/or up to ½ hour of daily foster parent programming 3. Regular Education requiring every two weeks to weekly school contact (i.e. meetings, teacher conferences to monitor attendance, behavior) 4. Documented supervision or attention needed to prevent the child from causing minor injury to self, others, or property – including clothing, glasses. 5. Documented increased attention needs which prevent or

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		<p>interfere with therapy or sleep (i.e. child wakes up 3-4 times a night, intolerance of tactile stimulation)</p> <p>Like the previous two forms we just went through, the worker will also want to document the activities of the caregiver in the bottom section of this page. This documentation should justify why the worker checked any of the above responses. Remember, as stated in Section I, if the worker checks at least two of the listed characteristics, the caregiver would qualify for a Level I Medically Fragile DOC, if three or more characteristics were checked, the worker needs to proceed to Section II.</p> <p>Section II states that if any 1 characteristic or care need is checked in Section 2A the youth qualifies for Level II DOC. If any two items are checked in Section 2B or 2C</p>

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		<p>the youth qualifies for a level II DOC. If only 1 item in section 2B or 2C is checked and none in section 2A the youth qualifies for a level I DOC. If 3 or more Items are checked in Section II, go to Section III. If 3 or more Items are checked in Section I and none in Section II the youth qualifies for a level I.</p> <p>Section 2A is titled AT RISK PHYSICAL or MEDICAL IMPAIRMENTS. This section contains 11 characteristics, which are:</p> <ol style="list-style-type: none"> 1. Seizures uncontrolled by medication, requiring hospitalization 3-4 times per year 2. Heart monitor (for apnea and Sudden Infant Death Syndrome) 3. Oxygen while sleeping (for Broncho Pulmonary Dysplasia)

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		<p>4. Tube feedings</p> <p>5. Severe heart problems, such as ‘blue baby’</p> <p>6. Respiratory problems (asthma or allergies) requiring major dietary and/or environmental restrictions. Examples include no pets, no carpeting or overstuffed furniture, no smoking, no perfume or heavy scents, daily vacuuming and dusting with wet cloth, the use of allergy-proof bedding or allergy-proof covers on pillows and bedding and the use of an air purifier and/or air condition.</p> <p>7. Osteogenesis Imperfecta</p> <p>8. Chemotherapy</p> <p>9. Body cast (Spica cast)</p> <p>10. Spinal Bifida</p> <p>11. Other, specify:</p>

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		<p>Section 2B. is titled PHYSICAL or MEDICAL IMPAIRMENTS. Under this section are six characteristics, which are:</p> <ol style="list-style-type: none"> 1. Any physical or medical impairment or combination of impairments requiring an average of at least 1 to 2 hours of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medications, failure to thrive, etc.) 2. Legal blindness in both eyes or severe vision impairments requiring exercises, minor environmental modifications 3. Hearing impairment requiring foster parent to know sign language and encourage and monitor hearing-aid or auditory-training device use

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		<p>4. Twice weekly out-of-home therapy or medical appointments (i.e. PT, OT, ST, etc.) requiring foster parent involvement</p> <p>5. Twice weekly in-home therapy (i.e. PT, OT, ST, etc.), nursing or teacher appointments, requiring foster parent involvement</p> <p>6. Child age two or over weighing 20 to 30 pounds with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs</p> <p>Section 2C. is titled BEHAVIORAL or EMOTIONAL PROBLEMS. This section has three characteristics, which are:</p> <p>1. Weekly therapy or counseling appointments requiring bi-weekly to weekly foster parent participation and/or a daily</p>

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		<p>schedule of foster parent programming (i.e. behavior charts, “wee alarms,” etc.) for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night traumas, etc.</p> <p>2. Special Education (EI, LD, TMI, EMI, SMI) requiring school contact every two weeks and/or up to one hour per day in-home foster parent programming</p> <p>3. Documented supervision and attention needs in daily hygiene skills in excess of age-appropriate developmental levels (i.e. bathing, clothing, feeding) for children ages five or over who are not in regular therapy</p> <p>Once again, you will want to document your justification for the characteristics you selected in the last section on this page.</p>

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		<p>Now, if you will turn the page you will see that Section III states that if any one or two of the following characteristics and/or care needs are checked the youth qualifies for a level III DOC. If three or more are checked, complete an exception request with additional documentation/justification for a level IV DOC (an individually negotiated rate).</p> <p>Section 3A is titled PHYSICAL or MEDICAL IMPAIRMENTS. This section has twelve characteristics, which are:</p> <ol style="list-style-type: none">1. Any physical or medical impairment or combination of impairments requiring an average of 3 or more hours of daily prescribed therapy or procedures performed by the foster parents (i.e. for respiratory, bowel or skin

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		<p>treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive)</p> <p>2. Any life-threatening medical needs or conditions</p> <ul style="list-style-type: none"> a. Oxygen 24 hours per day (for BPD, etc.) b. Tracheotomy c. Hemophilia d. Respiratory problems (asthma or allergies) requiring a complete sterile environment. In addition to all the examples listed in Section II, the child is not able to be in public settings. Anyone interacting with the child must wash his/her hands and wear a gown and mask. e. Other, specify <p>3. Seizures uncontrolled by medication, occurring daily or more often</p>

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		<p>4. Child age two or over weighing 31 pounds or more with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs, etc.</p> <p>5. Child age two or over weighing 20 pounds or more who is totally dependent, without use of own limbs for mobility</p> <p>6. Child age four or over without self-care skills (i.e. cannot dress, feed, or bathe self) requiring total care due to physical impairments</p> <p>7. Child age four or over who is more than 50% behind age level in more than 3 areas of development due to physical impairments</p> <p>8. Child age four or over without self-care skills (i.e. cannot dress, feed or bathe self) requiring total care due to mental retardation or emotional impairments</p> <p>9. Child age four or over who is more than 50% behind age</p>

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		<p>level in more than 3 areas of development due to mental retardation or emotional impairments</p> <p>10. Child who is totally blind requiring mobility training and/or major environmental modifications</p> <p>11. Child with major behavior problems that may or may not be due to physical impairment (i.e. self-stimulating, head banging, removes medical apparatus at least 3 times a week); refusal to comply with medical procedures (i.e. taking meds at prescribed times)</p> <p>12. Any active, chronic infectious disease requiring complete sterile procedures</p> <p>Again, document justification for the characteristics checked in the last section on this page.</p> <p>Now please turn to the last page. You need to determine from</p>

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<p>Instructor Note: Write the following formula on your dry erase board or flip chart:</p> $ \begin{array}{r} \text{Daily rate} \\ + \text{Supplemental Rate} \\ \hline = \text{Total daily foster care rate} \\ \\ + \text{Administrative Rate} \\ \hline = \text{\textbf{TOTAL PER DIEM RATE}} \end{array} $ <p>Then write the example given to your staff:</p> $ \begin{array}{r} \$14.24 \text{ daily rate} \\ + \$10.00 \text{ DOC} \\ \hline = \$24.10 \text{ foster parent rate} \\ \\ + \$18.00 \text{ administrative rate} \\ \hline = \$42.24 \text{\textbf{TOTAL PER DIEM}} \end{array} $		<p>the directions given, which DOC the caregiver qualifies for.</p> <p>Place the age appropriate rate for the child on line 4A. Then place the appropriate DOC rate on Line 4B. Add these and place the total in Line 4C. If there is an administrative rate to be paid to a Private Agency, then place that rate to Line 4D. Add Lines 4C and 4D and place that amount in the last line, giving you the TOTAL PER DIEM RATE. An example would be a two-year old child who has documented medical issues that assess for a Level II Medically Fragile DOC. In this case you would refer to CFF 905-3, page one. You will see that the daily rate for the child is \$14.24 a day. You would add the Level II Medically Fragile DOC for a child her age, which would be \$10.00 a day. This would give you a daily total foster parent</p> <p>rate of \$24.24 a day for this child. If the worker added an</p>

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		<p>administrative rate of \$18.00 a day, you would come up with a total per diem rate of \$42.24.</p> <p>This process is the same for each form. The only difference is that on the DHS-470 and DHS-470A, it is Section 8 that is designated toward determining the TOTAL PER DIEM RATE. If you have difficulty remembering what the age appropriate rates are, then just refer to CFF 905-3 page 1.</p> <p>To determine which form you would need to use, consider the age of the child and the specific needs of the child. Then select the most appropriate form that should be submitted.</p> <p>When you have made an assessment that a Determination of Care Supplement is appropriate, and the DOC has been</p>

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		<p>authorized by the necessary persons, you need to document the justification for the supplement in the youth's Updated Services Plan. Also, The ISP/USP MUST indicate treatment goals and objectives to address the issue that warrants a DOC supplement.</p> <p>Occasionally you may encounter a child whose care is so extraordinary that it exceeds the levels permitted by the DOC forms. In these instances, a child specific rate may be requested. The maximum DOC supplement is \$80.00 a day. In these situations, the requests require Zone Office Manager Approval. Submit your request in writing and document the unusual care and supervision required and explain how the reimbursement amount was determined. File a copy of the request in the child's case file. Do a payment authorization for a Level III payment and pend a payment authorization in</p>

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	CFF 903-3 page 3	<p>SWSS/FAJ and submit documentation to request the desired amount of payment to the Zone Office for approval.</p> <p>Now let's talk about when an assessment should be completed. Whenever a child is in foster care and the caretaker qualifies for a possible DOC, you should complete the assessment:</p> <ul style="list-style-type: none"> • at the initial case opening, • at least every six months after the initial determination, • if the child's care needs or level changes, • if the child moves, and • when the care provider or supervising agency or DHS staff initiates a request at a time other than the sixth month review. <p>Under no circumstance is a DOC to be authorized for a time</p>

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		<p>period exceeding six months. If the worker does not reassess the care provider's eligibility for a continued or initial DOC supplement at least every six months, then the DHS monitor cannot authorize continued payment for the care provider. Essentially, this means that payment to the care provider will be delayed if the worker does not request the supplement in a timely fashion. It is important to have a system to remind workers that the DOC assessment is due. This date may coordinate with the date of the USP. Some workers may have a system where they report any changes to the DHS monitor for funding redeterminations and they may coordinate it with that date, while others may coordinate it with something else. There is no right or wrong way to track this information, so long as the worker remembers that the DOC cannot be authorized for a time frame longer than six months.</p>

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	CFF 903-3 page 5	<p>There are some situations where the worker will not wait six months to reassess the appropriateness of the DOC. A care provider, private agency staff or DHS staff may initiate a request for a redetermination of the DOC at a time other than the six-month review. This can be done because the requestor believes there should be an increase or a decrease in the level of care that is being paid. If the worker is asked by one of his/her care providers to reassess the DOC, the worker needs to act upon the request within 30 days of the receipt of the request.</p> <p>Anytime a care provider requests a DOC supplement, the worker has thirty days to notify the requestor in writing of the disposition of the request, unless the request is for a rate over</p> <p>Level III. Then the worker has sixty days to respond to the</p>

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<p>Instructor Note: Hand out copies of the Sample Letter to staff for review.</p>		<p>request. If the request is approved, the rate will be effective the date of the request, unless the request is within the first thirty days of placement. If the request is within the first thirty days of placement, the effective date of payment may be the first date of that particular placement episode.</p>
		<p>If the DOC assessment indicates that a supplemental rate is no longer needed or lowered, the level is to be reduced thirty calendar days following the date the completed assessment form is received by DHS. The worker is to send the Care provider a written notice of any decrease in the supplement within five working days. I am now passing out a Sample Letter of what the notification could look like. You do not have to use this format, it is only meant to provide you with an example of how you could write the notice. Also, prior to sending the letter, it would be best practice to make contact by</p>

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		<p>telephone or in person with the care provider. This will allow you an opportunity to answer any questions they may have and to confirm to them that the decrease in care needed is a positive reflection of their hard work and it is the desired outcome for every case.</p> <p>If the case has been purchased to a private agency and the agency disagrees with the supplement decrease, or the decision is not made by DHS timely, then the private agency supervisor may request an administrative review process through DHS. Please note that private agency care providers cannot request this process directly to DHS. Only the private agency supervisor can make these requests. The administrative review is a local process that is not open to appeal. In cases where a review has been requested, a decrease in the payment will not be made until the</p>

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		administrative review is complete. The DHS supervisor is the first person to review the appeal. They have 5 working days to review the information and make a decision. The supervisor will notify the private agency in writing immediately of the disposition. If denied, the private agency has five working days to request the review, in writing, to the local office director or designee (other than the monitoring worker's supervisor). That person has ten working days to review the material and discuss the situation with the private agency. The director or designee then has five working days after discussions to approve or deny the request. The director or designee will notify the private agency in writing immediately of their decision and will send a copy of the notice to the appropriate DHS staff. If the resolution is to change the level of the DOC, the change will be retroactive to the date the signed DHS-470, DHS-470A or DHS-1945 is date stamped in the local DHS office.

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		<p>If it is a direct service case supervised by DHS staff, the care provider can initiate an Administrative Review Process by contacting the worker's supervisor and making a verbal or written request for the review. The process and time frames that were just explained for private agencies will also apply in these situations.</p> <p style="text-align: center;">Assessment for DOC – how to do it</p> <p>Now that we have discussed each of the forms in depth and when you should complete the forms, let's review how to complete the forms.</p> <p>Once you have selected the appropriate form to use, complete the form with the care provider.</p>


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		<ul style="list-style-type: none">• Review each section of the DOC form and score appropriately.• At the end of each scored area, document the specific activities the foster parent is doing to address the child's needs. <u>Documentation needs to be very specific and support the level of care checked.</u> If you are vague in your justification, you may not get the requested DOC approved.• Remember, the supplement is not based on the child's behavior, but the extraordinary level of care that the care provider is giving to meet the needs of the child.• Once the form is completed, obtain the care provider and any necessary authorizing signatures on the last page.

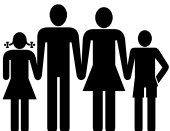
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<p>Instructor: Break the class into groups and assign scenarios so that each DOC form is used at least once.</p> <p>How many groups and how you assign the scenarios will depend on how many participants are in the training. You may find that some groups have to do more than one scenario, or you can do</p> <p>all of the scenarios as one large group. Make this exercise as beneficial as possible given your situation with your participants.</p>		<p style="text-align: center;">DOC Exercises</p> <p>Now, let's do an exercise to practice your knowledge. I am passing out six different scenarios. I would like you to break into groups of (?). Select a person in your group to serve as the speaker, who will share your outcomes with the rest of the class.</p> <p>Notice that on the back of each scenario are questions – they are the same for each scenario.</p> <p>The task is to read the assigned scenario(s) and complete the DOC form most appropriate and answer the questions on the back of the exercise. You will have about 10 minutes and I will see how you are progressing. Are there any questions before</p>

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<p>(Note to instructor: Process exercise outcomes – discuss differences in opinions, continuing to emphasize the DOC is based on the care provider’s activities and not just the child’s situation).</p> <p>Optional exercise: have the groups exchange their DOC and play supervisor – would they approve the DOC level? If not, why?</p> <p>CONCLUSION</p>		<p>the exercise begins?</p> <p>Group discussion. Let’s talk about your findings and how you determined which DOC, if any, you think is justifiable in each of the scenarios.</p> <p>Optional exercise: Now I would like the groups to exchange your DOC and play the supervisor – would you approve the DOC level? If not, why?</p> <p>That concludes our review of the Determination of Care. I appreciate all of your participation and I hope that this has helped to clarify any questions or misunderstandings that there may have been prior to the session.</p>

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